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June 30, 2014

VIA OVERNIGHT DELIVERY

Ms. Jocelyn G. Boyd Chief Clerk of the Commission South Carolina Public Service Commission 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210 (803) 896-5100

Re: i-wireless, LLC

Docket No. 2011-107-C

Dear Ms. Boyd:

Pursuant to Order No. 2011-766 in the above-referenced docket, enclosed please find for filing the Company's ETC Annual Report.

I have enclosed an extra copy of this letter to be date-stamped and returned to me in the self-addressed, postage prepaid envelope I have provided.

If you have any questions or if I may provide you with any additional information, please do not hesitate to contact me,

Respectfully symmitted,

Lance J.M. Steinhart Lance J.M. Steinhart, P.C. Attorneys for i-wireless, LLC

Enclosures

cc: ORS via USPS (2 copies)

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DOCKET NO. 2011-107-C

IN RE: Application of i-wireless, LLC for Designation as an Eligible Telecommunications Carrier in the State of South Carolina) ETC ANNUAL REPORT)
State of South Carolina	

Pursuant to 26 S.C. Code Ann. Regs. 103-690.1 and Order No. 2011-766, i-wireless, LLC ("i-wireless" or "the Company"), by undersigned counsel, hereby submits its 2014 Eligible Telecommunications Carrier ("ETC") Annual Report and respectfully requests that the South Carolina Public Service Commission ("Commission") certify i-wireless' eligibility to receive federal low income support for the 2015 calendar year. i-wireless submits the following in compliance with 26 S.C. Code Ann. Regs. 103-690.1:

I. Certification of compliance with CTIA Consumer Code (103-690.1(B)(a))

i-wireless certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA Consumer Code for Wireless Service, as it is required to do pursuant to 47 C.F.R. § 54.202(a)(3). See also Exhibit B, copy of FCC Form 481.

II. Lifeline Reporting

103-690.1(b)(3) - Requests for service that were unfulfilled

i-wireless had 0 unfulfilled requests for service for the 2013 calendar year.

103-690.1(b)(4) - Number of complaints per 1,000 handsets

i-wireless had 1.27 complaints per 1,000 handsets for the 2013 calendar year.

103-690.1(b)(5) - Certification of compliance with applicable service quality standards and consumer protection rules

i-wireless certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA Consumer Code for Wireless Service. See also Exhibit B, copy of FCC Form 481.

103-690.1(b)(6) - Certification of ability to function in emergency situations

i-wireless provides service by reselling the network services of Sprint Spectrum, L.P. ("Sprint") and certifies that it is able to remain functional in emergency situations based on 47 C.F.R. § 54.202(a)(2). See also Exhibit A, copy of FCC Form 481. i-wireless relies on Sprint's network reliability in all situations, including emergency situations. Sprint complies with applicable requirements for emergency service, including access to a reasonable amount of back-up power to ensure functionality without an external power source, the ability to reroute traffic around damaged facilities, and the capability of managing traffic spikes resulting from emergency situations. Sprint has implemented state-of-the-art network reliability standards and i-wireless and its customers benefit from Sprint's high standards.

103-690.1(b)(7) - Certification regarding provision of comparable local usage plan

i-wireless certifies that it offers a local usage plan comparable to that offered by the incumbent LEC ("ILEC") in the relevant service areas. i-wireless offers a variety of rate plans that provide its customers with local usage capabilities in the form of monthly plans, unlimited plans or pay-per-use plans—but without the burden of contracts, activation fees or roaming charges. Similar to ILEC Lifeline offerings, i-wireless customers have the option to apply the Lifeline discount to the Company's retail rate plans and have the option for unlimited local calling. i-wireless' offering also exceeds those of the ILEC in several respects. i-wireless offers customers a certain amount of service free of charge. i-wireless customers can use these free

minutes to place calls statewide (and even nationwide) because i-wireless does not constrict customers' use by imposing a local calling area requirement. i-wireless also provides Lifeline customers with E911 capabilities and access to voice mail, caller I.D., and call waiting services at no cost.

103-690.1(b)(8) - Certification regarding equal access

i-wireless acknowledges that the FCC may require it to provide equal access to longdistance carriers in the event that no other ETC is providing equal access within its designated service area.

103-690.1(b)(9) - Number of Lifeline customers

i-wireless had 19,007 Lifeline customers as of December 31, 2013.

103-690.1(b)(10) - Copies of responses to the Lifeline Verification Survey or Certification filed with USAC

See attached Exhibit A for a copy of i-wireless' Annual Lifeline Certification (Form 555) filed with the Universal Service Administrative Company ("USAC") by January 31, 2014. See attached Exhibit B for a copy of i-wireless' FCC Annual Report (Form 481) filed with USAC by July 1, 2014.

Respectfully submitted,

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Lance J.M. Steinhart
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Alpharetta, Georgia 30005
(770) 232-9200 (Phone)
(770) 232-9208 (Fax)

E-Mail: <u>lsteinhart@telecomcounsel.com</u>

Attorneys for i-wireless, LLC

EXHIBIT A

FCC Form 555

EXHIBIT B

FCC Form 481

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

State An Eligible Telecommunications Carrier (ETC) must provide a c	vertification form for each state in which it provides Lifeline service
249014	I-Wireless LLC
Study Area Code(s) (SAC)	ETC Name(s)
N/A	Access Wireless
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach	
additional sheets if necessary)	

Provide a list of all ETCs that are affiliated with the reporting ETC. Affiliation shall be determined in accordance with section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification

Section 1: All ETCs MUST COMPLETE SECTION 1- Initial Certification

I certify that the company listed above has certification procedures in place either to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial PM

Section 2: All ETCs MUST COMPLETE SECTION 2—Annual Recertification
Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	B Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
27933	0	1149

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial PM

D Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	E Number of Subscribers Responding to ETC Contact	F =D-E Number of Non- Responding Subscribers	G Number of Subscribers Responding That They Are No Longer Eligible	H = (F+G) Number of Subscribers De-enrolled or Scheduled to be De- Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
5553	1453	4100	5	4105	 _

AND/OR

In the space below, please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on _____. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

J Number of Subscribers Whose Eligibility was	K Number of Subscribers De-Enrolled or	L Number of Subscribers Who De-Enrolled Prior to
Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Recertification Attempt
Data of by OSAC	0	0

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

<u>Section 3</u>: ALL ETCS MUST COMPLETE SECTION 3 —De-enroll percentage What is the percentage of subscribers de-enrolled for this ETC?

M	N	0	P = N + O	$\mathbf{Q} = ((\mathbf{P} \div \mathbf{M}) * 100)$
Number of Subscribers Claimed on February FCC Form(s) 497 (From Column A)	Number of Subscribers De- Enrolled or Scheduled to be De- Enrolled as a Result of Non-Response or Ineligibility (From Column H)	Number of Subscribers De- Enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility (From Column K)	Total Number of Subscribers De-Enrolled or Scheduled to be De-E nrolled	Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497
27933	4105	0	4105	15%

Section 4: ALL ETCS MUST COMPLETE APPROPRIATE CHECK BOX; PRE-PAID ETCS MUST COMPLETE ALL OF SECTION 4

Is i	he	ETC	Pre-	Paid?
------	----	------------	------	-------

Yes	√	No	[(A Pre-Paid ETC does not assess or collect a monthly fee from its Lifeline subscribers
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If yes, record the number of subscribers de-enrolled for non-usage by month in column S below.

Non-Usage Results Applicable to Pre-Paid ETCs:

R	S		
Month	Subscribers De-Enrolled for Non-Usage		
January	454		
February	467		
March	2604		
April	1211		
	1263		
May	1138		
June	1106		
July	1196		
August	1156		
September	1074		
October			
November	951		
December	945		

Signature Block: ALL ETCS MUST COMPLETE SIGNATURE FIELDS

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

FCC Form 555 December 2013

Signed,

Paul McAleese Signature of Officer	Paul McAleese Printed Name of Officer
CEO Title of Officer	Jan-30-14 Date 513-544-4892
Nicki Wollenhaupt Person Completing this Certification Form	Contact Phone Number

ETC I	dentification
SAC 249014	ETC Name I-Wireless LLC

Holding Company Name(s)

	Hol	ding Company Name(s)
GAG		Holding Company Name
SAC	249014	N/A
	247014	
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DBA, Marketing or Other Branding Name(s)

Name
Access Wireless

Affiliated ETCs

Amilate	UE1C3
	Name
SAC	

orm 481 - Carrier Annual Reporting			OMB	Production of the state of the	86/OMB Control No. 3060-0819
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> Study Area Code	249014 I-Wireless	LLC			
> Study Area Name		nno.			
> Program Year	2015				
 Contact Name: Person USAC should contact with questions about this data 	Heather Kirl				
5> Contact Telephone Number: Number of the person identified in data line <03C	7702327805	ext.			
9> Contact Email Address: Email of the person identified in data line <030>	etclifeline	forms@cgminc.co	mcm		54.313 54.422
IUAL REPORTING FOR ALL CARRIERS					Completion Completi Required Require (check box when complete)
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3> Service Quality Improvement Reporting			lete attached workshe		
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00> Number of Complaints per 1,000 customers (vo	ice)				
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130> Number of Complaints per 1,000 customers (br	oadband)				
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710> Company Price Offerings (broadband)			omplete attached work		
800> Operating Companies and Affiliates			omplete attached wor. omplete attached wor		
900> Tribal Land Offerings (Y/N)?			heck to indicate certif		
1000> Voice Services Rate Comparability					
ì			attach descriptive doc	ument)	
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<1100> Terrestrial Backhaul (Y/N)?		(if not,	check to indicate cert	pcation)	
			complete attached wa		
<1110> <1200> Terms and Condition for Lifeline Customers			complete attached wo	rksheet)	
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<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<117> How (USF) was used to improve service capacity	<116> How (USF)was used to improve service coverage	<115> How (USF) was used to improve service quality	<114> Report how much universal service (USF) support was received	<113> Maps detailing progress towards meeting plan targets	center level or census block as appropriate.	plan pursuant to § 54.202(a). The information shall be submitted at the wire	Please check these boxes below to confirm that the attached documents(s), on line	Name of Attached Document	required to address voice telephony service.	CETC which only receives frozen support, your progress report is only	<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent Years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a	voice telephony service.	54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of	report, on line <112> delineating the status of your company's existing §	If your answer to Line <111> is yes, then you are required to file a progress	<111> year plan" filed with the FCC? (yes / no)	If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5	<110> Has your company received its ETC certification from the FCC? (yes / no)		Contact Telephone Number - Number of person identified in data line <030>	- 1	<015> Study Area Name I-Wireless LLC		Data Collection Form July 2013	(100) Service Quality Improvement Reporting	
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		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	7. Iso	.

(900) Trill Data Coll	(900) Tribal Lands Reporting Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 - July 2013
		249014
6010>	Study Area Name	I-Wireless LLC
<020>	Program Year	2015 Heather Kirby
<030>	Contact Name - Person USAC should contact regarding unit value (030	- 1
635	Contact Telephone Number - Number of person identified in data line <030>	> etclifelineforms@cgminc.com
<039>	CONTACT CHIRAI AMARICAS CHIRAINASCAS ,	
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
If you to cor demo § 54.3	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	Select (Yes,No,
<921> <922>		
<924>	 Compliance with Rights of way processes Compliance with Land Use permitting requirements 	
<926>		
<928> <929>		

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps (1130) upstream within the supported area pursuant to § 54.313(G)	Please check this box to confirm no terrestrial backhaul < 1120 options exist within the supported area pursuant to § 54.313(G)	<030> Contact Name - Person USAC should contact regarding with Sure Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030>	1 1	<015> Study Area Name	1 7 8	(1100) No Terrestrial Backhaul Reporting
		7702327805 ext. etclifelineforms@cgminc.com	2015	I-Wireless LUC	July 2013	FCC Form: 481

<1223> Additional charges for toll calls, and rates for each such plan.	<1222> Details on the number of minutes provided as part of the plan,	<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	<1220> Link to Public Website	<1210> Terms & Conditions of Voice Telephony Lifeline Plans	<039> Contact Email Address - Email Address of person identified in data line <030>	<035> Contact Telephone Number - Number of person identified in data line <030>	- 1		<010> Study Area Code	(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form
			Q.	Name of Attached Document	249014sc1210.docx	<pre><u3u> etclifelineforms@cgminc.com</u3u></pre>	1	2015	I-Wireless LLC	249014	FECE Form 481 OMB Control No. 3060-0386/OMB Control No. 3060-0819 July 2013

<010> Study Area Code 249014 <015> Study Area Name I-Wireless LLC <020> Program Year 2015 <030> Contact Name - Person USAC should contact regarding this data Heacher Kirby <035> Contact Telephone Number - Number of person identified in data line <030> 7702327805 ext. <039> Contact Email Address - Email Address of person identified in data line <030> etclifelineforms@cominc.com	(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers
249014 I-Wireless LLC 2015 Heather Kirby 7702327905 ext. etclifelineforms@cqminc.com	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen this form and in the documents attached below is accurate.

support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<2021>	<2020>	<2019>	<2018>	<2017>	<2016>	<2012> <2013> <2014> <2015>	<2010> <2011>
Interim Progress Community Anchor Institutions	Please check the box to confirm that the attached document(s), on line 2021, contains the incomment of pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Interim Progress Certification	5th year Broadband Service Certification	Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Certification	Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2))
Name of Attached Document Listing Required Information	, names, and leave the lea	wired information					

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(3026) Attach the worksheet listing required information	(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3023) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. [3021] Management letter issued by the independent certified public accountant that performed the company's financial audit. [3021] The property of their audited financial statement; or (2) a financial report in a format company's financial audit. [3021] The property of their audited financial statement; or (2) a financial report in a format company's financial audit. [3021] The property of their audited financial statement; or (2) a financial report in a format company of their audited financial statement; or (2) a financial report in a format company of their audited financial statement; or (2) a financial report in a format company of their audited financial statement; or (2) a financial report in a format company of their audited financial statement; or (2) a financial report in a format company or (2) a financial statement; or (2) a financial report in a format company or (2) a financial statement; or (2) a financial report in a format company or (2) a financial report in a format company or (2) a financial report in a format company or (2) a financial report in a format company or (2) a financial report in a format company or (2) a financial report in a format company or (2) a financial report in a format company or (2) a financial report in a format company or (2) a financial report in a format company or (2) a financial report in a format company or (2) a financial report in a format company or (2) a financial report in a format company or (2) a financial report in a format company or (2) a	(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation (3018) If the response is no on line 3014, is your company audited?	Is your company a Privately Held ROR Carrier (47 CFR § 5.4.313(f)(2)) If yes, does your company file the RUS annual report check these boxes to confirm that the attached document(s), on line 3017, Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of Casl	T.m.T	Contact Email Address - Email Address of person identified in data line <0300- collection of the contact Email Address - Email Address of person identified in data line <0300- collection of the contact Email Address - Email Address of the contact	Contact Name - Person USAC should contact regarding this data CO30> Contact Name - Person USAC should contact regarding this data line c030> 7 CO35> Contact Telephone Number - Number of person identified in data line c030> 7	Study Area Name	Orta Collection Form Otto: Otto: Otto: Study Area Code 2
i i a second i stana Bantifold Information	ash Flows		Name of Attached Document Listing Required Information (Yes/No)	Name of Attached Document Listing Required Information (Yes/No) (Yes/No) (Yes/No) (Oontlains the required information pursuant to § 54.313(f)(2) compliance requires:	Name of Attached Document Listing Required Information 2 contains the required information pursuant to ses of community anchor institutions to which began	Contact Final Address - Email Address of person identified in data line 40300 etc.) If eline formation communications of person identified in data line 40300 etc.) If eline formation communications are assessment of the person identified in data line 40300 etc.) If eline formation provided an assessment of the person identified in data line 40300 etc.) If eline formation reported on this formation reported on this formation in the documents attached below is accurate. CFR § S4.0313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.		-Wireless htt	1.154

Data Coll	ion - Reporting Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	249014
	Study Area Name	I-Wireless LLC
<015>		2015
<020>	Program Year Contact Name - Person USAC should contact regarding this data	Heather Kirby
<030>		7702327805 ext.
<035>	Contact Telephone Number - Number of person identified in data line <030>	1102321803 Exc.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cgminc.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

	the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients
certify that I am an officer of the reporting carrier; my re- ecipients; and, to the best of my knowledge, the informat	sponsibilities include ensuring the accuracy of the annual reporting requirements for universal service support tion reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Fitle or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form of	can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion- Agent / Carrier action Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	249014
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2015
	Contact Name - Person USAC should contact regarding this data	Heather Kirby
	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cgminc.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Expert Telecom Compliance, Inc.	is authorized to submit the information reported on behalf of the reporting carrier.
also certify that I am an officer of the reporting carrier; my responsibilities includ agent; and, to the best of my knowledge, the reports and data provided to the au	e ensuring the accuracy of the armost court operating a state of the armost court of the accuracy of the armost court of the a
Name of Authorized Agent: Expert Telecom Compliance, Inc.	
Name of Reporting Carrier: I-Wireless LLC	D.A. 07 (22/2014
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/27/2014
rinted name of Authorized Officer: Paul McAleese	
Fitle or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5132409800 ext.	
	Due Date for this form: 07/01/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports to	or CAF or LI Recipients on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for un the data reported herein based on data provided by the reporting carrier; and, to the best of my kn	iversal service support recipients on behalf of the reporting carrier; I have provided lowledge, the information reported herein is accurate.
Name of Reporting Carrier: I-Wireless LLC	
lame of Authorized Agent or Employee of Agent: Expert Telecom Compliance, Inc.	
ignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/27/2014
rinted name of Authorized Agent or Employee of Agent: Heather Kirby	
itle or position of Authorized Agent or Employee of Agent Regulatory Specialist	
elephone number of Authorized Agent or Employee of Agent: 7702327805 ext.	
Ave. Code of Reporting Carrier: 249014 Filing Due Date for t	his form: 07/01/2014



			N/ D
Access Wireless	249014		N / A
Doing business As Company or Draine Brook	SAC		Affiliates
Deing Business As Company or Brand Designation			(815)
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			<810> Reporting Carrier i-wireless, LLC
			(U39) Contact Email Address - Citali Audress of Person recommend in Section 1997
	etclifelineforms@cgminc.com	etclifelinefo:	н
	t	7702327805 ext.	
		Heather Kirby	1
		2015	
	rc	I-Wireless LLC	
		249014	<010> Study Area Code
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Access Wireless Lifeline Rates, Terms & Conditions

Option 1: Lifeline 250 Minutes Plan*

250 anytime minutes per month (1 text = 1 minute of usage)
Net cost to Lifeline customer: \$0

Option 2: Lifeline Retail Discount Plan*

Lifeline eligible customers may apply a \$15 discount to any i-wireless monthly retail plan (excluding text only plans). Information on current retail plans can be found at http://www.krogeriwireless.com/shop/plans

*both options include:

- Free handset
- Free access to Voicemail, Caller-ID and call waiting
- Free calls to Customer Service
- Free calls to 911 emergency services
- Free balance inquiries
- Free domestic long distance
- Unused minutes can rollover to following month
- Customer can earn additional free minutes through Kroger Free Minute Loyalty Program

Additional Airtime:

Amount	Talk Minutes	Unlimited Text	Data	Picture Mail
\$10	150	10 days	100MB	25
\$25	300	30 days	.5G	50
\$50	Unlimited	30 days	1G	100

Complete program terms and conditions are available at <u>www.accesswireless.com</u>